

Certified Application Counselor Stakeholder Meeting

facilitated by Jackie Edison

- **Date:** Thursday, February 19, 2015
- **Building:** MNsure
- **Time:** 2:30-4:00 p.m.
- **Conference room:** Mississippi
- **Participants:** Jackie Edison, David Van Sant, Christina Wessel, Ken Harpell, Bob Davy (MNsure), Emily Arias (Cardon Outreach), Deborah Beaulieu (Cass Lake IHS), Jennifer McNertney (MN Hospital Association), Tony Yanni (HCMC), Allison Berglund (MedEligible) and Kristen Perella Dunker (MedEligible)

Topics

Welcome

Jackie Edison

Jackie reminded stakeholders that the meeting notes from last month were emailed to them and she welcomes their feedback. Jackie shared that Emily Arias is replacing JoAnna Justiano with Cardon Outreach on the stakeholder group and Allison Berglund is filling in MedEligible's place until a replacement is hired.

The FY 2016 Navigator Outreach and Enrollment Grant RFP will be published on March 2. One notable change is a new funding area for outreach and education mini grants. Any organization is eligible to apply for these grants, including CAC organizations. The grant policy statement is available on the navigator/CAC resource page.

MNsure's grassroots outreach team is gathering feedback via an online survey from consumer assistance partners on the grassroots outreach campaign. The survey was sent out via the navigator/CAC email communication. Your feedback is important, even if you did not participate. Please share your feedback by filling out the survey.

Update on IT priorities

David Van Sant

David thanked members for their feedback on how to prioritize the use of the \$34 million federal grant adjustment. David shared the priorities from the navigator community with MNsure's Chief Operating Officer which included development and implementation of an Assister portal in time for 2016 Open Enrollment, caseworker processing of life events, and improvements that will enhance the consumer experience. The recommendations are currently with MNIT project

planners for scoping. MNsure has not fully prioritized the list yet, although it was announced at yesterday's board meeting that work has already begun on three of the priorities - effective dates for caseworker portal, life events in caseworker portal and case worker portal task/list management. The board also added an additional item to the priority list – tools to improve the consumer experience.

Fiscal Year 2017 consumer assistance program (CAP) policy options

Jackie Edison

MNsurance staff is reviewing MNsure's consumer assistance programs and gathering input from stakeholders in advance of making a recommendation to the MNsure board for changes that would be implemented in July 2016. Last month, staff shared an outline of potential topics to cover in a policy statement for board consideration. They highlighted a few of those topics for further discussions in February. We dove into some specific details about the CAC role. Specifically, we mentioned the potential need for a hospital-based CAC role that includes hospital presumptive eligibility (HPE) credentials and a separate community-based CAC role.

We've learned a lot the past two cycles of open enrollment and our partners are doing a great job. However, even with some technology and training improvements, we think there are some structural changes that may be necessary to improve consumer experience and sustain the program over the long-term.

Staff is recommending a tiered and more integrated approach to our Consumer Assistance Program. The handouts we've provided ([FY 2017 CAP Program Policy Updates](#) and [FY 2017 CAP Tiered Model](#)) are draft documents that share our current thoughts around each potential role and the resources we'd make available and the expectations we'd have in exchange. The approach includes a robust tracking, lead generation and referral system. The proposed roles relevant to CACs are provided below.

Application Assistant HPE role:

- This role, another level of the Certified Application Counselor role, is for hospitals that are approved for Hospital Presumptive Eligibility. There high level of expectations for services provided around application assistance and follow-up for those eligible for Medical Assistance and MinnesotaCare.
- This role would not include requirements around outreach and education, assistance with QHP selection or QHP follow-up.
- Increased resources would include full portal access that enables Application Assistants (HPE) to track and service their clients, the ability to enroll on behalf-of a client (instead of using consumer portal), and additional training and MNsure support.

Application Assistant role:

- This new role would become a level of the current Certified Application Counselor role.

- More limited expectations for services, focused only on helping consumers complete the application. No requirements around outreach and education, assistance with QHP selection, or follow-up to ensure successful enrollment.
- Basic resources would be provided, including a “view-only” portal access to allow Application Assistants to see status of clients, robust training on application assistance, and continued access to the Assister Resource Center.
- This role is for organizations that have a commitment to helping their client-based (and potentially other community members) enroll in health insurance coverage. However, these organizations are not in a position to make navigation assistance a focus of their work. The key strength of these organizations is their ability to connect to uninsured individuals, particularly those that may otherwise never access application assistance.

Discussion

- Staff clarified that the level of access to a portal will be determined by the level of expectations for different roles.
- If CACs in hospitals are given access to “apply on behalf” of a consumer using the assister portal, CACs may have patients fill out the paper application and enter the information later in the day. This would lead to the patient not having their own MNsure account. However, this is the same issue when county enter paper applications. CACs in the stakeholder group said they would still be willing to help a consumer create an account, but technology can be a wild card because of internet dead spots in hospitals.
- Staff asked the group if they would be interested in using a general intake (or lead generation) tool to track consumers receiving assistance and/or refer them to the right type of assister. The CAC stakeholders are not opposed to this, but raised some concerns about the time it might take. One stakeholder said it could not take more than five minutes.
- Staff mentioned that this general intake tool could be used to monitor quality of application and enrollment services provided by assisters. The CACs agree that would be beneficial.
- CACs mentioned their obligation not to “steer” patient where to seek services.
- Requiring CACs to make referrals to public health for things like health screenings or for other preventive services seems more like a care coordinator role than a CAC role. This also seems like it would be beyond the role of a navigator role. Some navigators might be doing this, but are doing so under their role as licensed community health workers.
- The group discussed the extent of follow-up activities CACs do post-application. Most CACs expressed that they would “fully work” a Medical Assistance case, but they might not follow-up on a MinnesotaCare (MCRE) or Qualified Health Plan (QHP) application. One stakeholder pointed out that they actually do follow-up on MCRE and QHPs because the patient has to pay their premium before they are eligible for the hospital’s charity care plan.

- Staff asked the group if CACs are contacted to assist with Life Event Changes or Change in Circumstances. The CACs said that these changes can happen during a hospital stay, so it makes sense to expect CACs to assist patients with them.

Recommendations

- The CAC group recommended the CAC role be divided based on level of follow-up rather than whether or not the CAC organization is certified to conduct hospital presumptive eligibility (HPE) determinations. Many hospitals are doing follow-up as CACs, but are not HPE certified. There are also third party vendors that are operating as CACs in hospitals, but are not allowed to be HPE certifiers.

Next steps

Jackie Edison

We are working on a draft policy statement for board consideration. We will incorporate what we heard from our three stakeholder groups today and share the draft with you next week.

Future meetings

Supplemental CAC Stakeholder meeting: February 26, 2015, 2:30 pm to 3:00 pm

CAC Stakeholder Meeting: March 19, 2015, 2:30 pm to 4:00 pm

*** Next Joint Stakeholder meeting: April 9, 2015, 1:00 pm to 3:00 pm***